Event Vendor Application

City Of Burnsville
100 Civic Center Parkway * Burnsville, Minnesota 55337-3817
Phone: 952-895-4500
www.burnsvillemn.gov/recreation

EVENT SUMMARY
Event Name:
Event Date:
Event Location:
Submission of this form does not guarantee your space at the event. Space is limited by business category and room size. ALL VENDORS MUST TURN IN ST-19 FORM.

VENDOR INFORMATION			
Business/Organization Name:			
Business/Organization Type:			
Contact Person – First and Last Name:			
Address:	City:	State:	ZIP Code:
Phone:	Cell Phone:	Fax:	
Email:	Website:		
Vendor Information:	Other Information:		
Checklist Items:			

AGREEMENT	
I have read and understand the registration and refund policies. In consideration of participating in this activity, I hereby personally assume all risks in connection with this activity and I hereby agree to hold the City, its officials, employees, agents and contractors harmless and I waive any right to make claims or bring lawsuits against the City or anyone working on behalf of the City for any injuries or damages related to the alleged negligence of the City. This waiver does not apply to any injuries or damages that are the result of any willful, wanton, or intentional misconduct by the City or anyone acting on behalf of the City. I shall defend, indemnify and hold harmless the City and its officials, employees and agents from any liabilities, judgments, losses, costs or charges (including attorneys' fees) incurred by the City or any of its officials, employees or agents as a result of any claim, demand, action or suit relating to any bodily injury (including death), loss or property damage caused by, arising out of, related to or associated with my participation in this activity, except to the extent caused by the sole negligence, gross negligence or willful misconduct of the City or its officers, employees or agents. The City of Burnsville periodically takes pictures of participants during activities and in the parks. Please be aware that these photos may be used in the City's brochures, pamphlets or cable presentation. If you do not want to be photographed or published you must give us written notice.	
Signature:	Date:

Payment: In order to protect credit information, please call the Recreation Department to register with a credit card. Your card will not be charged until you are officially accepted and approved. If paying by check, make check payable to the City of Burnsville. Payment: ❑ Cash ❑ Check # ❑ Credit Card			**Office Use Only:** Date Received: Time Received: Received: ❑ In Person ❑ Email ❑ Drop Box ❑ Fax ❑ Mail
Credit Card:	❑ Visa/Mastercard	Amount: $	Received by:
Name on Card:			Vendor Approval: Date: